CENTER FOR FAMILY RESEARCH
THE UNIVERSITY OF GEORGIA

Strong African American Families Program
Frequently Asked Questions

Thank you for your interest in the Strong African American Families Program (SAAF). Below is a list of frequently asked questions about SAAF. We hope that this list may be a resource to help you determine how SAAF can complement your agency's efforts to serve your community.

PROGRAM IMPLEMENTATION

What is the goal of SAAF?
The goal of SAAF is to build on the strengths of African American families and support parents and youth during the transition from early adolescence to the teen years with a specific emphasis on helping young people avoid risky and dangerous behaviors (e.g., substance use).

How is SAAF typically implemented?
SAAF is organized into seven sessions, typically implemented over the course of seven weeks. During each session, families meet for two hours. During the first hour, participants meet in separate Youth and Caregiver Sessions. During the second hour, all participants come together for the Family Session. SAAF includes a total of 21 hours of program content. See the following reference for a more detailed summary of program content, length, and implementation approaches. This article is available upon request.

Murry, V. M., & Brody, G. H. (2004). Partnering with community stakeholders: Engaging rural African American families in basic research and the Strong African American Families preventive intervention program. *Journal of Marital and Family Therapy, 30*, 271-283.

Can SAAF be implemented in an alternative time frame (e.g., weekend retreat, monthly vs. weekly)?
Research findings associated with the SAAF program are consistent with the implementation format described above. Agencies may opt to make changes to the manner in which SAAF is implemented. However, they should do so with an understanding that deviating from the structure used in the research trial could decrease the likelihood of obtaining similar outcomes and may affect program participation.

How many staff are needed to implement SAAF?
We recommend that sites implement SAAF with a minimum of three staff (two dedicated to Youth Sessions, one dedicated to Caregiver Sessions, and all three together for Family Sessions).

What is the ratio of staff to youth/caregivers?
SAAF is packaged to accommodate 12 families. For 12 families, the ratio for the Youth Sessions will be one staff to six youth. The ratio for the Caregiver Sessions will be one staff to 12 caregivers (possibly more if both caregivers attend).

How many individuals are in a group?
As indicated above, SAAF is packaged to accommodate 12 families, though we recommend recruiting up to 15 families to account for attrition. *Note: If families include multiple youth or caregivers, agencies may elect to decrease the number of total families per group to ensure that the individual group size is manageable.*

How many groups can run simultaneously?
The number of simultaneous groups is up to the agency. Considerations include available resources (trained facilitators, staff to recruit families/coordinate the groups, budget, a facility to host groups, etc.). Running multiple groups simultaneously will involve additional costs for the SAAF site as a result of needing multiple sets of materials.

What are the eligibility criteria for families to participate in SAAF?
We recommend that families who participate in SAAF have:

- At least one child between ages 10-14 who identifies as being African American or Black
- At least one caregiver who can attend the sessions with the youth

SAAF is not recommended for groups with youth or caregivers who have significant cognitive impairments or mental health problems that would interfere with engaging in program activities. SAAF has not been tested with youth who do not have at least one caregiver who identifies as African American. SAAF sites may determine additional inclusion criteria specific to their target populations.

Would it be appropriate for the targeted age range for SAAF to expand to include older adolescents (15-18) or young adults (18-21)?
SAAF was tested with youth 11-12 years old. Given the relatively similar developmental experiences, the target group has expanded to include youth ages 10-14. The program was not tested on older adolescents or young adults.

The CFR has developed and tested another program, the SAAF-Teen program, with a group of 10thgrade students and their caregivers. Some of the core elements of SAAF are integrated and there is an additional component addressing HIV/AIDS risk reduction. SAAF-T is also available for purchase through CFR. Contact the CFR Dissemination Office for additional information about SAAF-T.

Can SAAF be adapted? How much flexibility is there?
Elements of SAAF can be adapted, but the more the program is changed from its original format the less likely it will yield outcomes similar to those obtained in the research trial. In training, adaptations are discussed more in-depth and trainers differentiate between core activities and those that can be adapted without affecting stated outcomes.

Does the program have to be implemented with fidelity?
Fidelity is most commonly defined as the degree to which a program or method is implemented in the manner in which it is designed to be implemented. When implementing the SAAF program, it is strongly recommended that core components, further highlighted in training, are implemented with fidelity. However, technical assistance is available to guide sites that may want to adapt certain elements of the program to meet specific needs of their target groups.

Are fidelity instruments available?
Yes, a SAAF Fidelity Manual is provided to sites so that they can assess facilitator fidelity to the SAAF curriculum. Agencies receive Fidelity Manuals and process evaluation documents with the purchase of the SAAF Training and Program Package.

Does the CFR collect data from participants at sites that have adopted SAAF?
CFR is not currently collecting data with sites that have adopted SAAF. Technical assistance is available to support sites that are interested in collecting data about SAAF effects with their target groups.

What is the cost for implementing SAAF per family or group?
A copy of the SAAF Budget Summary spreadsheet is available upon request. Please contact the CFR Dissemination Office for a copy of this document.

Is SAAF currently being used in communities across the country?
As of spring of 2016, SAAF has been adopted by sixteen organizations. Fourteen of these organizations have implemented SAAF at least once in their community.

Is SAAF being implemented where an interested agency may visit and observe?
This is a possibility. Please contact CFR Dissemination Office for more information.

PROGRAM TARGET GROUP

Why is it necessary to have a prevention program specifically targeting African American families?
SAAF was developed in response to longitudinal data suggesting that too many African American youth, particularly in rural communities, do not realize their potential because of increased rates of alcohol use. Research suggests that, in fact, rates of substance use among rural youth are beginning to equal or exceed those of African American youth in more urban communities. Substance use among rural youth is particularly concerning as it can forecast HIV infection, academic failure, school dropout, unintended pregnancy, involvement with the criminal justice system, and adult alcohol dependence. Unfortunately, prior to SAAF, an evidence-based program addressing these issues for rural communities did not exist. Based on a review of the literature and databases for evidence-based programs, a program with SAAF's level of empirical support still did not exist as of 2012 – thus making the need for prevention programs like SAAF and SAAF-T apparent.

See the following articles for additional information:

Brody, G. H., Chen, Y., Kogan, S. M., Murry, V. M., & Brown, A. C. (2010). Long-term effects of the Strong African American Families program on youths' alcohol use. *Journal of Consulting and Clinical Psychology, 78*(2), 281-285.

Brody, G. H., Murry, V. M., Gerrard, M., Gibbons, F. X., Molgaard, V., McNair, L. D., Neubaum-Carlan, E. (2004). The Strong African American Families program: Translating research into prevention programming. *Child Development, 75,* 900 –917.

Kogan, S.M, Yu, T., Brody, G.H., Chen, Y., DiClemente, R.J., Wingood, G.M., & Corso, P.S. (2012). Integrating Condom Skills into Family-Centered Prevention: Efficacy of the Strong African American Families-Teen Program. *Journal of Adolescent Health*, 51, 164-170.

Can SAAF be modified for use with other ethnic groups?
SAAF was designed for and tested with African American youth and their caregivers. We do not recommend modifying SAAF for use with youth who do not identify as African American or as being of African descent.

Are there any bilingual components to the program?
There are no bilingual components.

Can SAAF be used with youth in urban settings?
SAAF has not been tested in urban settings, but has been successfully adopted by organizations that serve suburban and urban populations. Technical assistance is available to work with organizations who want to modify activities or add additional activities to SAAF in order to address experiences that are more relevant to the families they serve (e.g., urban, suburban).

PROGRAM CONTENT

What is the parenting philosophy that guides the SAAF program?
The SAAF parenting philosophy involves creating "Regulated, Communicative Home Environments". Related parenting components include:

a) Involved, vigilant parenting: includes high levels of monitoring and control that occur along with high levels of emotional and instrumental support.
b) Clearly articulated parent expectations for alcohol use: involves harmonious caregiver-child communication wherein caregivers set clear expectations regarding alcohol use. In outlining expectations, caregivers provide the opportunity for youth to internalize caregiver norms.
c) Communication about sex (similar to clearly articulated parent expectations for alcohol use): provides an opportunity for youth to internalize parental values; enhances youths' ability to avoid risky situations and engagement in high-risk behavior, particularly sexual behavior.
d) Racial socialization: involves teaching youth about the realities of racism while emphasizing the ability to achieve success in the face of these obstacles.

Was there a reason why SAAF research focused on alcohol use versus other drugs?
For the age group tested (11-12 years old), substance use in general is relatively low, which makes it a good time for prevention efforts. Of substances that are used at this age, alcohol is the most prevalent. That is why SAAF research was initially funded to decrease alcohol use. Further, decreasing alcohol use is likely to reduce the chances of involvement with other risk behavior.

SAAF RESEARCH

What are the major findings from the SAAF research trial?
Compared to participants who did not participate in SAAF:

- Youth who participated in SAAF
  - Demonstrated fewer conduct problems
  - Were less likely to start using drugs
  - Delayed the onset of sexual activity
- Parents/Caregivers who participated in SAAF
  - Reported less maternal depression
  - Reported higher levels of positive racial identity

Are caregivers' perceptions of discipline linked to youth behavior change?
Most of the caregiver variables are based on caregiver report. Caregiver self-reports suggest that caregivers' perceptions of their own parenting are linked to changes in youth behavior.

How was *rural* defined in SAAF research?
The CFR used federal guidelines to define *rural.* The Census Bureau defines *rural* based on population density and includes territory outside places with a population of 2,500 or more or outside urbanized areas. The data reported in SAAF are based on a classification system adopted by the Office of Management and Budget, in which all counties that are not designated as a part of metropolitan areas are considered rural. Metropolitan counties contain a place or urbanized area of 50,000 people or more and a total population of at least 100,000.

Please contact Dr. Tracy Anderson at the
Center for Family Research Dissemination Office if you have additional questions:
(706)425-2992 or tnander@uga.edu.